

OFFICE OF THE STATE FIRE MARSHAL FIRE ENGINEERING DIVISION

For CSFN	∕l Us	e Or	ıly:
Date			
Rcvd:	/	/	
ROC#			
Amount:			

APPLICATION FOR Automatic Fire Extinguisher System License A separate application for license shall be made for each separate place of business location

PART I. _ Company Name: Address: _ STATE: _____ ZIP: _____ CITY: MAILING ADDRESS: _____ State: _____ Zip: _____ CITY: Contact Person: Message Phone: Business Telephone: APPLICANT INTENDS DOING BUSINESS AS: INDIVIDUAL CORPORATION Partner PART III. APPLICATION IS HEREBY MADE FOR THE FOLLOWING LICENSE TYPE: [] Type 1 – Fire Sprinkler Systems (servicing and testing) FEE - \$500.00 See sections 902 (a) T-19 C.A.C. [] Type 2 - Engineered and Pre-Engineered (servicing and testing). FEE - \$500.00 See Section 902.4(b) and 902.15(a) T-19 C.A.C. [] FEE - \$500.00 Type 3 – Standpipe Systems (servicing and testing) See Section 902.18(b) T-19 C.A.C This original application must be accompanied by the required non-refundable fee Please mail the application to: If sent by priority mail (FedEx, UPS, etc...)

Office of the State Fire Marshal Cashiers Unit/Fire Extinguisher Program P.O. Box 944246 Sacramento, CA 94244-2460 Phone (916) 445-8376 Fax (916) 445-8473

Office of the State Fire Marshal Fire Engineering/Fire Extinguisher Program 1131 "S" Street Sacramento, CA 95814

SUBMISSION: A completed application (on an original application form) and all required supplemental data should be submitted to the address listed next page. Evaluations will be reviewed in the order in which they are received at CSFM. *Failure to supply all needed information (including signature) will result in a delay of processing of the application package.*

1.	service and/or manuals, suppleme	ning System (instruction, application insents, and/or addendums to such manuaned by the applicant. (Attach an addition	Is which are the property or and	
2	List all tools aguinment or suppli	es and parts owned by the licenses and	kent as part of the normal inventory	
۷.	which the licensee in tends to use no tools, equipment or parts may purpose. Expensive specialized eq available when needed, (e.g. renta	in servicing systems for which this licended be borrowed, loaned or acquired by menuipment may be rented, but you must go contract.) from whom (name, address go rented rather than purchased. (Attach	nse is being applied. (Please note that eans other than purchase for the sole give verification that the equipment is and phone number) the equipment is	
3.	certificates attesting to competend or it's employees may submit othe serviced; e.g. seminars, continuir	List your employee service personnel and their experience and qualifications. Submit all confirmal certificates attesting to competency, training, qualifications and manufactures authority serviced. The or it's employees may submit other documentation which show evidence of training received on system serviced; e.g. seminars, continuing education classes. Self-certification by the employee or employed acceptable. (Attach additional sheet if necessary.)		
	EMPLOYEE NAME	TYPE OF SYSTEM SERVICED AND NUMBER	FOR WHOM & WHEN	

4.	List any pertinent contractor's licenses held by the applicant: e.g. C-16, C-36 or C61-D13. (Give the license number and submit copies of original and current renewal documents)
5.	If applicant or an employer is a Fire Protection Engineer, please submit evidence of registration.
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6.	Submit the original invoices to verify that the purchase or acquisition of required tools, parts and materials for each system license applied for in this application is true and correct. If you do not have original invoices, list the tools and equipment, approximate date of purchase and from whom the purchase was made on a separate document. List where you will be purchasing necessary replacement parts and materials.

	Name: Address: City, State Zip:		
	Name: Address: City, State Zip:		
	Name: Address: City, State Zip:		
19, California A		ed in the California Health and Safety Code and the regulations co ating to automatic fire extinguishing systems; that all statements knowledge.	
all the informati for are true and employees to e automatic fire e	on and materials submi correct. By this applica nter, examine and insp	the laws of the State of California that the foregoing is true and of tted to the State Fire Marshal for the purpose of obtaining the lic- tion, I hereby authorize the State Fire Marshal and any of his prop- ect any premises, building, room, or establishment used in serval determine compliance with the provisions of state law and the arshal.	ense(s) applied perly authorized icing or testing
SOLE OWNER:	Print Name		
	Signature	Date	
CORPORATION		ent Name	
Partnership		ncluded a limited partner must sig. If additional space is needed	
	Print Name		
	Signature	Date	
	Print Name		
	Signature	Date	
	Print Name		
		Date	
*Notice:: This a	pplication will not be ac	cepted without the appropriate non refundable fee. All items mus	t be completed.

7. Give names and address of three persons who will submit letters attesting to character, financial responsibility and integrity: It is the applicant's responsibility to make sure that the letters are sent to

the State Fire Marshal. Please be sure that their name appears at the top of the letter.

AND IS KEPT AS A MATTER OF RECORD.

**WHEN FILED WITH AN APPLICATION, THIS CERTIFICATE BECOMES THE PROPERTY OF THE STATE FIRE MARSHAL

An incomplete application could be the basis for denial of a license.